UNITED STATES DISTRICT COURT

for the

Plaintiff V. CKX INC Defendant	Civil Action No. 10-3200-CV-5-REL
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SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

CKY Mc.,
650 MADISON AVENUE
16th FLOOR
NEW YORK, NY 10011
A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

PAUL THAYIL 2020 E. KERR ST Cl09 SPRINGFIELD, MO 65803

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: 5-21-10

Signature of Clerk or Deputy Clerk

Civil Action No.

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

		CKX inc	
ceived by me on (date)	June 13th 2010		
☐ I personally served th	ne summons on the individual a	t (place)	
is a personally solved a	to summons on the marviation a	on (date)	; or
		· · · · · · · · · · · · · · · · · · ·	
☐ I left the summons at	the individual's residence or us		
		of suitable age and discretion	
on (date)	, and mailed a copy to the	he individual's last known a	iddress; or
☐ I served the summon	S ON (name of individual)		, wh
designated by law to ac	cept service of process on behal	lf of (name of organization)	
		on (date)	; or
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☐ I returned the summo	ons unexecuted because		
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I declare under penalty of 6-24-10 Sonnie Williams	of perjury that this information	is true.	e LTAN
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Additional information regarding attempted service, etc:

SENDER: COMPLETE THI Complete items 1, 2, and item 4 if Restricted Deliver	3 Alee	COMPLETE TH	IS SECTION ON DELIVERY
item 4 if Restricted Deliver Print your name and addres so that we can return the can Attach this card to the back or on the front if space pen 1. Article Addressed to:	ess on the reverse	A. Signature X. Society of the second secon	D Agent
CVV	4 ,	D. Is delivery addre	ass different from Item 1? 1 Yes
LEW YOR	on Ave	3 0	
NEW YOR 2. Article Number		3. Service Type Certified Mail Registered Insured Mail	Express Mail Return Receipt for Merchandise C.O.D.
(Transfer from service label) S Form 3811, February 2004	7010 0290	4. Restricted Delivery	? (Extra Fee)